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17698
U.S. PTO

PTO/SB/05 (06-03)
Approved for use through 07/31/2003. OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonapplications under 37C.F.R. §1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Attorney Docket No.

PC9960D

First Inventor

Kazu Ando

Title

SULFONYLBENZENE COMPOUNDS AS ANTI-
INFLAMMATORY/ANALGESIC AGENTS

Express Mail Label No.

EV317826779US

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
Box 1450
Alexandria, VA 22313-1450

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. ☐ Applicant claims small entity status
See 37 CFR 1.27

3. ☒ Specification [Total Pages 228]
(preferred arrangement set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. ☐ Drawing(s) (35 U.S.C. 113) [Total sheets]

5. ☒ Oath or Declaration [Total pages 3]

- a. ☐ Newly executed (original or copy)
- b. ☒ Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 18 completed)
- i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
named in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).

6. ☒ Application Data Sheet. See 37 CFR 1.76

7. ☐ CD-ROM or CD-R in duplicate, large table or
computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)

- a. ☐ Computer Readable Copy (CRF)
- b. Specification Sequence Listing on:
- i. ☐ CD-ROM or CD-R (2 copies)
- ii. ☐ Paper
- c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
11. ☐ English Translation Document (if applicable)
12. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS
Citations
13. ☒ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35
or its equivalent.
17. ☐ Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,
or in an Application Data Sheet under 37CFR 1.76.

☐ Continuation ☒ Divisional ☐ Continuation-in-part (CIP) of prior application No. 10/465,767

Prior application information: Examiner Sudhaker B. Patel Group/Art Unit: 1624

For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts

19. CORRESPONDENCE ADDRESS

☒ Customer Number 28523 or ☐ Correspondence address below

Name			
Address			
City	State	Zip Code	
Country	Telephone	Fax	

NAME (Print/type) Martha G. Munchhof Registration No. (Attorney/Agent) 47,811

Signature Martha G. Munchhof Date Feb. 3, 2004

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

031431 U.S. PTO
10/771861

020304

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small status. See 37 CFR 1.27

Total Amount of Payment 770

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:

Deposit
Account
Number
Deposit
Account
Name

16-1445

Pfizer Inc

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) or any underpayment of fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770
1002	340	2002	170	Design filing fee	
1003	530	2203	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	filing fee	

Subtotal (1)s \$ 770

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

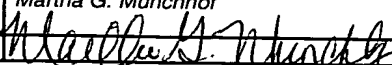
Total Claims	Extra Claims	Fee from below	Fee Paid
15	- 20** = 0	x 18 = 0	
Independent Claims	2	- 3 = 0	x 86 = 0
Multiple Dependent		290	= 0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	9 Claims in excess of 20
1201	2201	43 Independent claims in excess of 3
1203	2203	145 Multiple dependent claim, if not paid
1204	2204	43 **Reissue independent claims over original patent
1205	2205	9 **Reissue independent claims over original patent

(\$) 0

**or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Name (Printed/Type)	Martha G. Munchhof	Registration No.	47,811	Telephone	(860)715-4288
Signature		(Attorney Agent)			

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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